Control of the second s	
ARIZONA STATE BOARD OF HEALTH	
	TAL STATISTICS
STANDARD CERT	IFICATE OF BIRTH . Registered No.
County / Vla State Wyork	
District or Township or Village 0	
City Mami No 3/0 Tinkerville St. Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Tarlace Almera Mc Struct (Struct Supplemental report, as directed.	
3. Ser of Child To be answered ONLY 4. Twin, triplet or othe	6. Legitimate? 7. Date , 7. 18 19 19 19
Temule births. 5. No., in order of birth	1 1 1 of birth\/\dark\/\dark\\\\ 1 \\ \\ \\ \\ \\ \\ \\ \ \ \ \ \ \
8. A FATHER	14. MOTHER
Full name CANADO POLLED MC (B) 11	Full maiden name
a Parity Cogne 111=10000	and was to
9. Residence (Usual place of abode) (Usual place of abode)	15. Residence (Usual place of abode) Wami,
If non-resident, give place and state. UMAONA.	If non-resident, give place and state. Washa.
10. Color or race	10. Color or race
Cauc. 11. Age at last birthday 28 (Years)	Cauc. 17. Age at last birthday, 28(Years)
00.0+	17. Age at last dirthday_LX_O(Years)
12. Birthplace (city or place)	18. Birthplace (city or place).
(State or country)	, (State or country) / lw Mly.
13. Occupation Millman	19. Occupation
Nature of industry	Nature of Industry
Muniq	Stousewife
20. Number of children of this mother	
(Taken as of time of birth of child herein (c) Stillborn	ut now dead 9
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was 10 all at /2 m. on the date above stated. (Born plive or stilling n.)	
*When there was no attending physician or midwife, then the father, householder, Signature Cyril M. Graw M. U.	
etic., should make this return. A stillborn that neither breather nor that neither breather nor	
shows other evidence of life after birth. Given name added from (Physician or midwife).	
a supplemental report. Month, day, year Address / Warm, Wrygrig.	
Eller Hell V 10 24 le Es Donn	
Registrar Registrar	
645 218 - 536	
W/U 0/6 0/9	